

PIN # 95-055-0010/05

Homestead Change For Asmt Year _____

Pay _____ Initiated by _____

Date _____

For Office Use Only

New Applicant _____ Mid-Year Applicant _____ Code _____ App # _____
 CRV Filed _____ Date of doc _____ Type of doc _____ FB _____ Comp _____ Notes _____

City of Willmar
Application For Homestead Classification
 Read the back of this application before filling it out.

1115 9th St. SE	Willmar	56201	
Street Address of Property	PO Box #	City	Zip
			Date Occupied by Applicant

* If mail will not be received at the above address, please include the mailing address and an explanation.

1st Notice _____ 2nd Notice _____ Final Notice _____

Check here if this property is adjacent to a property you own which has already received homestead classification. ()

Please answer the following questions:

- | | | | |
|--|-----|----|-----|
| 1. Were you obtaining the homestead classification on your previous residence? | Yes | No | N/A |
| If yes, list city or township and county that property was located in? _____ | | | |
| 2. Marital Status: Single Married Separated | | | |
| 3. Will you be changing your address on your driver's license? | Yes | No | N/A |
| If no, explain why and list the address used: _____ | | | |
| 4. Will you receive mail at the above legally described property? | Yes | No | N/A |
| 5. Will you file your Minnesota Income Tax from your new property address? | Yes | No | N/A |

Owners Who Occupy The Property

Each owner and spouse who occupies this property as his or her primary residence must print his or her name and Social Security Number below, sign the application and fill in the date signed. If you need space to list more owners, use an extra sheet and include it with this application.

This application must be completed by all owners and spouses before it can be processed.

Print last, first and middle name	Signature	Date
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Social Security Number	Daytime Phone Number
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Print last, first and middle name	Signature	Date
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Social Security Number	Daytime Phone Number
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Owners Who Do Not Occupy The Property**DAYTIME PHONE #** _____

The name and home address of each owner of this property who does not occupy it as his or her primary residence must be filled in below.
 If you need space to list more owners, use an extra sheet and include it with this application.

Last, first and middle name	Street Address	City	State	Zip
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Last, first and middle name	Street Address	City	State	Zip
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DATE MOVED _____

If you sell this property, or if you change your primary residence,
 state law requires you to notify your County Assessor within 30 days.

Return to: City of Willmar Assessor, 333 6th St. SW, Willmar MN 56201**OWNER**